

## ACTICAL RESPONSE REPORT/Chicago Police Department

INFORMATION INVOLVED	1. DATE OF INCIDENT <b>25-MAY-2011</b>	TIME <b>22:29:00</b>	2. ADDRESS OF OCCURRENCE <b>10 N KILBOURN AVE CHICAGO, IL 60624</b>				3. LOCATION CODE <b>304</b>	4. BEAT/OCCUR <b>1113</b>	
	5. POSITION <b>9181</b>	6. LAST NAME <b>ORTIZ</b>	7. FIRST NAME <b>WILFREDO</b>	8. STAR NO <b>9748</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE [REDACTED]	12. HT. <b>506</b>	13. WT. <b>185</b>
	14. DATE OF APPT. <b>19-MAY-2008</b>	15. EMPLOYEE NO. <b>106274</b>	16. UNIT & BEAT OF ASSIGNMENT <b>153 4430A</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME <b>JACOBS</b>	21. FIRST NAME <b>TIFFANI</b>	22. MT. [REDACTED]	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>28-MAY-1981</b>	26. MT. <b>508</b>	27. WT. <b>260</b>	
	28. ADDRESS <b>305 S CENTRAL PARK BLVD CHICAGO, IL 60624</b>	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>	34. BY WHOM? <b>E.R.</b>	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Related Medical Aid					
	36. CHARGES PLACED [REDACTED]					37. CB NO. <b>18149679</b>	38. IR NO. [REDACTED]	39. DNA [REDACTED]	
	<b>34. DNA</b>	PASSIVE REGISTER		ACTIVE REGISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY	
	<b>35. SUBJECT'S ACTIONS</b>	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FILED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	ASSAULT/BATTERY			ASSAULT/DEADLY FORCE
	<b>36. MEMBER'S RESPONSE</b>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON			WEAPON
	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____			OTHER _____	
<b>37. DNA</b>	40. ADDITIONAL INFORMATION								
POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]							
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>RAIN</b>						
45. TASER DART ID NO. [REDACTED]	46. WEAPON SERIAL NO. (Include Letters) [REDACTED]	47. CHICAGO GUN REG. NO. [REDACTED]	48. IL FIREARM OWNER ID. NO. [REDACTED]	49. HANDGUN CERTIFICATE NO. [REDACTED]					
50. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	51. PROPERTY INVENTORY NO. [REDACTED]	52. TYPE OF AMMUNITION USED [REDACTED]	53. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	54. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]					
55. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	56. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	57. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	58. HOW WAS MEMBER'S HANDGUN/WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	59. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
60. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	61. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	62. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)							
63. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	64. DESCRIBE PROTECTIVE EQUIPMENT USED TO RELOAD <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	65. DATE REVIEWED <b>26-MAY-2011 05:48:52</b>	66. TIME <b>1045 673</b>						
67. INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
68. SIGNATURES	71. REPORTING MEMBER (Print Name) <b>ORTIZ, WILFREDO</b> 26-MAY-2011 05:42:14	STAR/EMPLOYEE NO <b>9748</b>	SIGNATURE [REDACTED]						
69. REVIEWING SUPERVISOR (Print Name) <b>HUGHES, FRED L</b>	STAR NO. <b>1719</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>26-MAY-2011 05:48:52</b>	TIME <b>1045 673</b>					
70. REVIEWING SUPERVISOR WILL ENSURE THE LEGIBILITY AND COMPLETENESS OF THIS REPORT AND ATTEST BY ENTERING THE REQUIRED INFORMATION BELOW.									
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72. LOG # <b>1045 673</b>									
73. ATTACHMENT # <b>16</b>									

1114517571

HT314748

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADIS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBERS USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**
 DNA

 REFUSED

 UNABLE TO INTERVIEW (Specify Reason)

Offender undergoing emergency medical treatment.

**76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING**

CI # 1045673 Based upon all information known to me at this time, I have concluded that the officer's action were in compliance with Department procedures and directives.

**77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:**

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./JNPD \_\_\_\_\_ OBTAINED \_\_\_\_\_

**78. WATCH COMMANDER/OCIC (Print Name)**

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED

TIME

26-MAY-2011 06:15:54

**79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

**ATTACHMENTS- PHOTOCOPIES OF:**

- CASE REPORT
- SUPPLEMENTARY REPORT
- OFFICER BATTERY REPORT
- I.O.D. REPORT
- ARREST REPORT
- CR INITIATION REPORT
- TO/PROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

**80. TOTAL TRRs THIS EVENT No.**

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